Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known				
FEE TRANSMITTAL				Applica	ation Number	10/540,95	956		
				Filing I	Filing Date				
For FY 2008				First N	First Named Inventor		agi		
Applicant claims small entity status. See 37 CFR 1.27					ner Name	Vinod Kui	mar		
TOTAL AMOUNT OF DAVIMENT (#) 510.00			Art Un		1638	056			
TOTAL AMOUNT OF PAYMENT (\$) 510.00 Attorney Docket 4544 - 051956									
METHOD OF PAYM	ENT (check a	ll that apply))						
Check Credit Card Money Order Other (please identify):									
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: The Webb Law Firm									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	FILING FEES SEARCH					TION FEES			
A V A A Trans		nall Entity		all Entity	-	Small Entity	Foor F	'aid (\$)	
Application Type	Fee (\$)	Fee (\$) 75	Fee (\$) 1	Fee (\$) 255	<u>Fee (\$)</u> 210	<u>Fee (\$)</u> 105	rees r	aid (5)	
Utility			100	50	130	65			
Design	210	105					•		
Plant	210	105	310	155	160	80	E		
Reissue	310	155	510	255	620	310	<u></u>		
Provisional	210	105	0	0	0	0			
2. EXCESS CLAIM	Small Entity Fee (\$)								
Fee Description Each claim over 20 (inc	25								
•	105								
Each independent claim over 3 (including Reissues) Multiple dependent claims 210 1 370 1									
		Extra Cla	ims Fee	(\$)	Fee Paid (\$)		Multiple D	ependent Claims	
-			x	=			<u>Fee (\$)</u>	Fee Paid (\$)	
HP = highest number of	total claims paid	for, if greater	than 20.						
Indep. Claims - 3	<u>3 or HP</u> =	Extra Cla	<u>iims</u> <u>Fee</u>	<u>e (\$)</u> =	Fee Paid (\$)				
HP = highest number of	independent clai	ms paid for, if		None of the Control o					
3. APPLICATION S If the specification 37 CFR 1.52(c See 35 U.S.C. Total Sheets	n and drawing e)), the applica	ation size fee and 37 CFR	e due is \$260 (\$ 1.16(s).	\$130 for sn	ng electronically nall entity) for e tional 50 or fra	ach additiona	ce or computer listing 150 sheets or fraction Fee (\$)	igs under n thereof. <u>Fee Paid (\$)</u>	
					up to a whole nu		K	:	
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): Appeal Brief 510.00									
CITIED WAS ASSESSED AS A SERVICE OF THE SERVICE OF									
SUBMITTED BY	11.	<i>p</i> 1 - 4	<u></u>		gistration No.		Tolonhama 410	A71_0015	
Signature	Wuf To				ttorney/Agent) 22,132	Telephone 412-471-8815		
Name (Print/Type)	William I	I. Logsdon	U				Date Aug	ust 15, 2008	